

Coverage Continuity and Gaps in the HUSKY Program

Council on Medical Assistance Program Oversight

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CONNECTICUT
VOICES
FOR CHILDREN

Importance of Coverage Continuity

- **For children and their families:**
 - Timely access to preventive care (medical, including developmental screening and behavioral health assessments; vision and hearing screening; immunizations; and dental services)
 - Ongoing care for chronic health care needs
- **For providers and health services administrators:**
 - Uninterrupted opportunities for building therapeutic relationships with families
 - Uninterrupted opportunities for optimizing the effectiveness of care through care coordination and other support for families

Medicaid Enrollment Volatility

- “Churning,” i.e., going on and off Medicaid coverage, is a long-standing problem in Connecticut and elsewhere due to
 - Changes in family circumstances (household income, family composition, change of address)
 - Families who are confused or don’t complete coverage renewal processes (unaware of requirement, confused about timing, failure to submit documents)
- In Connecticut, the problem is aggravated by:
 - Out-dated eligibility management system that is not fully integrated with HUSKY B or with Access Health CT
 - Difficulty reaching ConnectCT for assistance

Monitoring Enrollment Dynamics

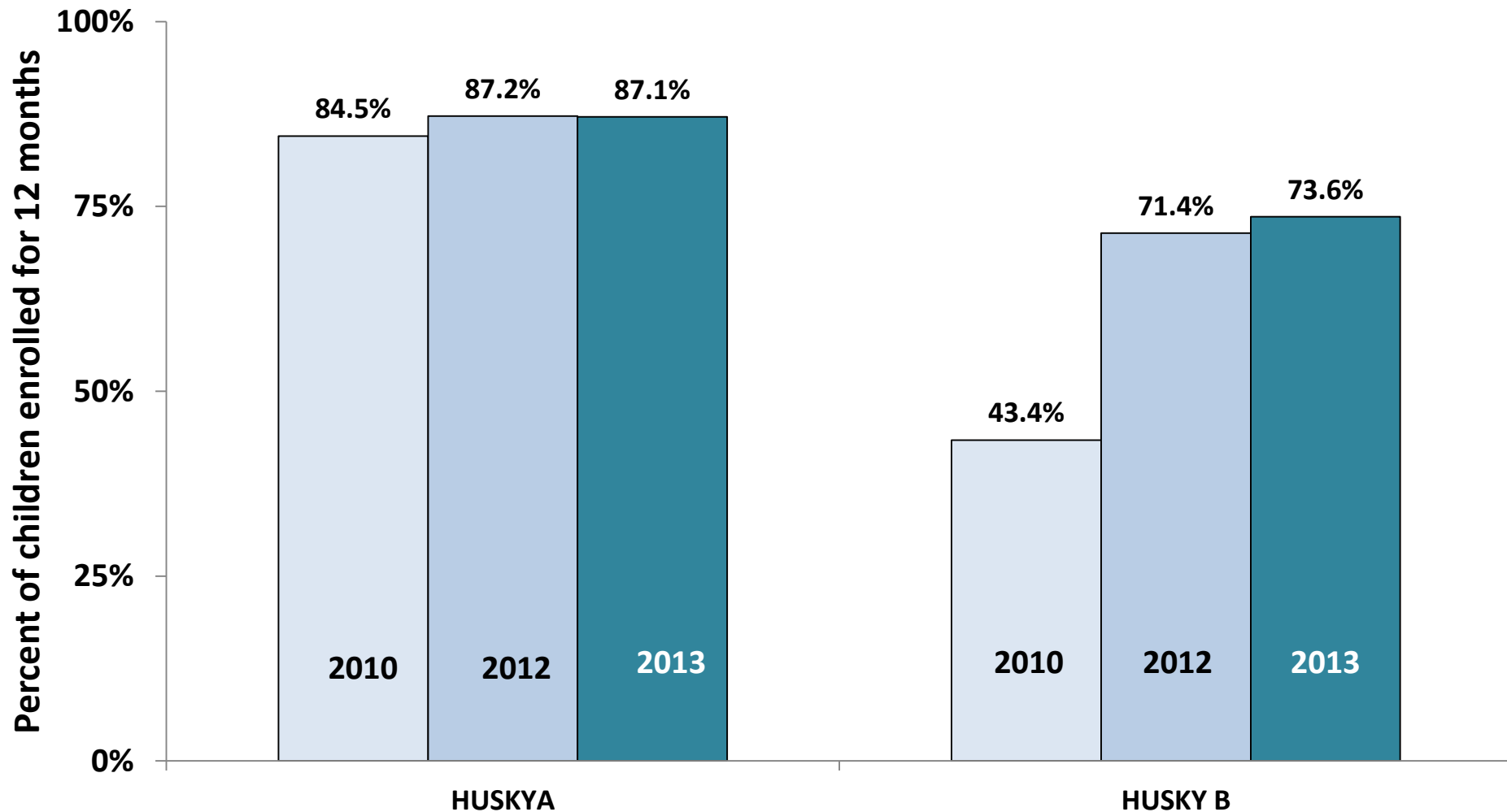
- For HUSKY Program performance monitoring, Connecticut Voices created and maintains a **longitudinal enrollment database** for tracking enrollment in terms of:
 - Coverage continuity
 - Gaps in coverage
 - Gaps associated with redeterminations
 - New enrollees (not for this report)
- Studying enrollment dynamics over time allows for assessing the impact of program and policy changes

Methods

- Identified children under 19 enrolled in HUSKY A and HUSKY B in 2013
- Study questions:
 - Were children who were enrolled in January also enrolled for balance of the year (12 months total)?
 - Did children enrolled in January and in December experience gaps in coverage?
 - Were children who turned one or turned 18 in 2013 enrolled in the month following their birthdays?

Coverage Continuity and Gaps

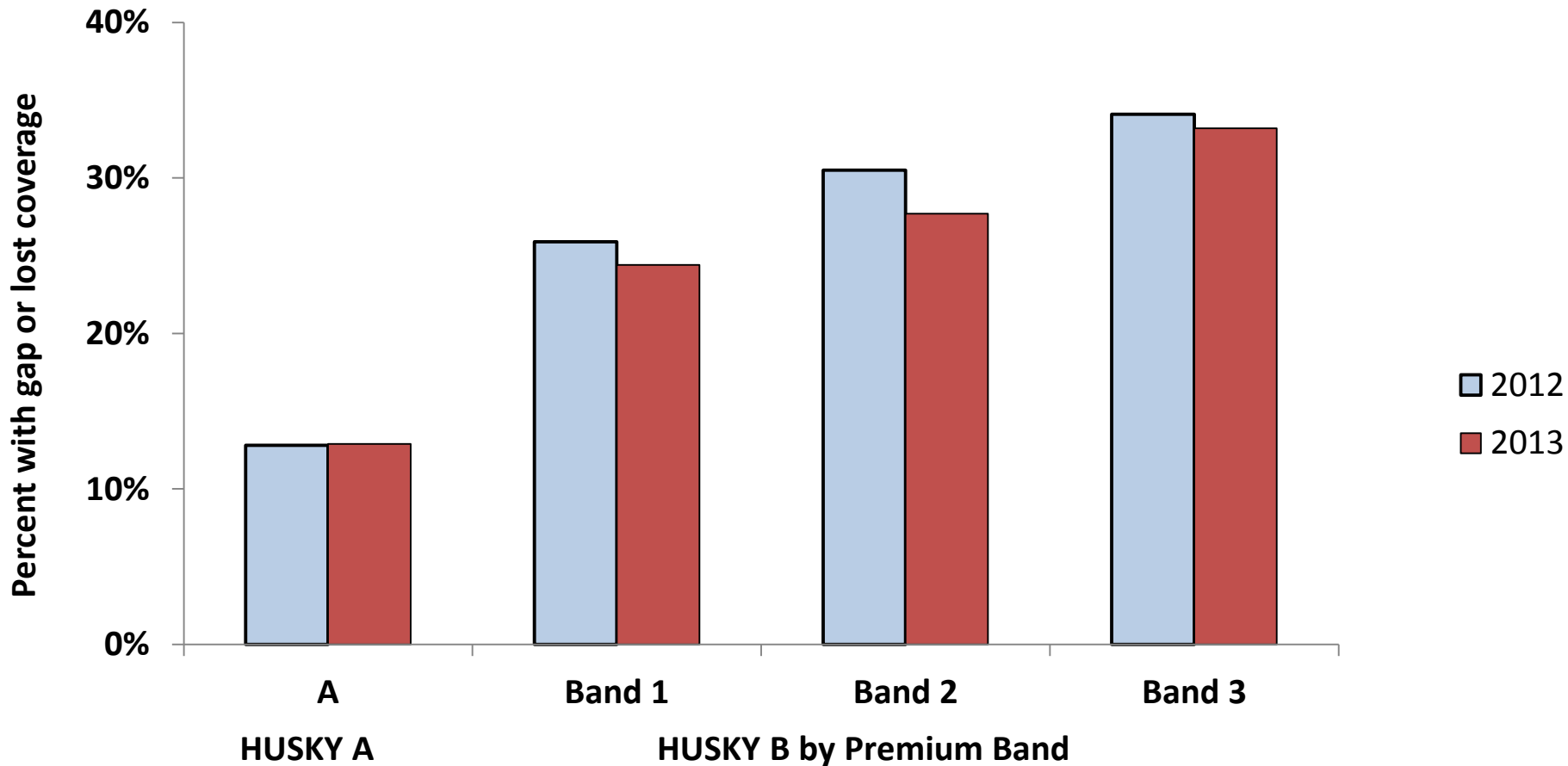
Figure 1. Trends in Coverage Continuity, HUSKY A and HUSKY B



Note: Children were continuously enrolled in January in HUSKY A or B and were enrolled for all the following 11 months in the calendar year, including children who changed between A and B without gaps in coverage. HUSKY B enrollment data quality improved after 2010 and no doubt contributed to the appearance of an improvement in retention between 2010 and 2012. In HUSKY B, coverage improvements may be due to data quality improvements between 2010 and 2012.

Source: Connecticut Voices for Children analyses of enrollment data from the Connecticut Department of Social Services.

Figure 2. Children With Gaps or Loss of Coverage By Program



Note: Children were continuously enrolled in January in HUSKY A or B and were enrolled for all the following 11 months in the calendar year, including children who changed between A and B without gaps in coverage. Data for 2010 not shown because of improvements in HUSKY B enrollment data quality for 2012 and 2013.

Source: Connecticut Voices for Children analyses of enrollment data from the Connecticut Department of Social Services.

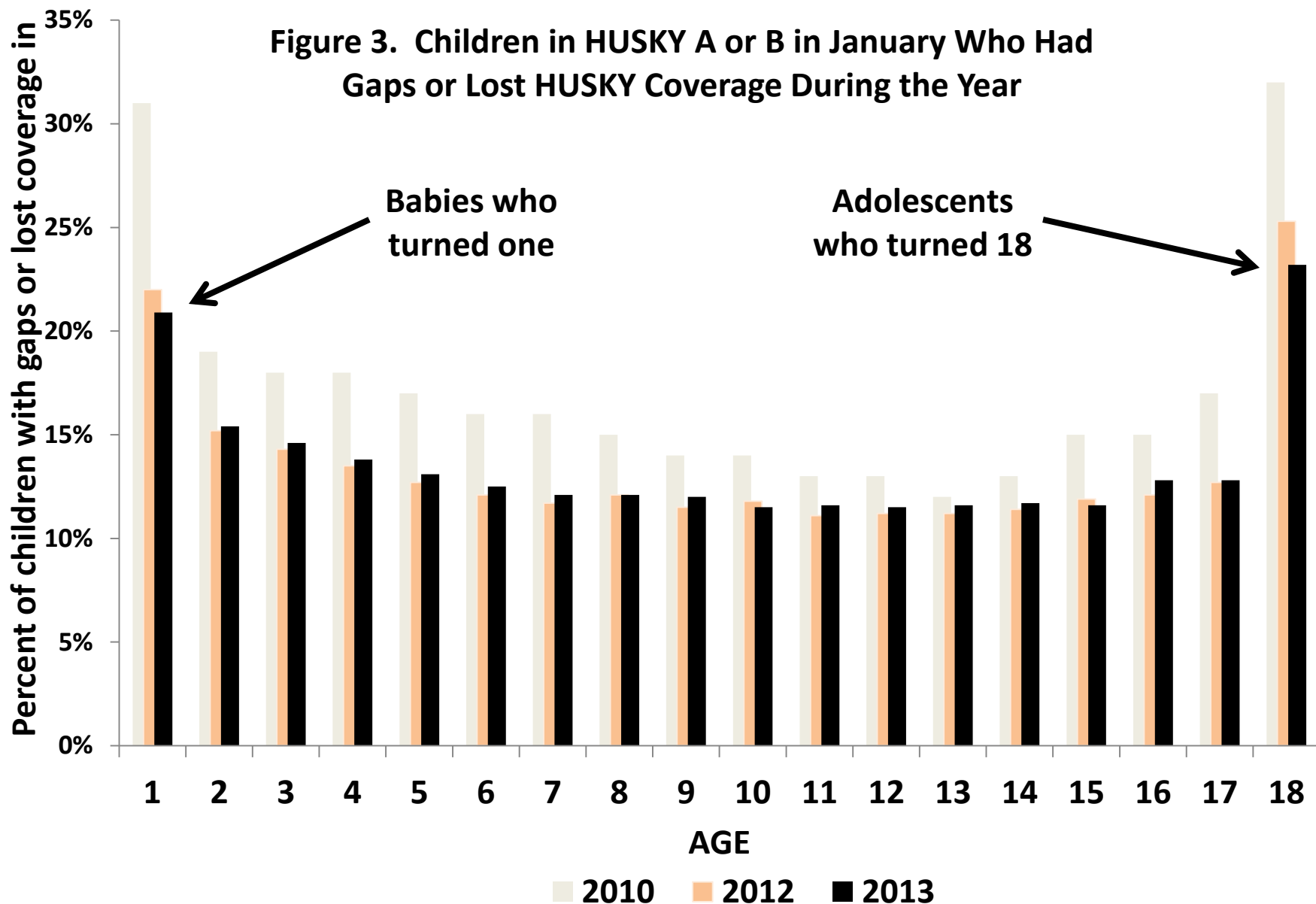
Gaps in Coverage for Eligible Children

- Among children enrolled in January, 90% were enrolled in December
- About 4% of children had gaps in coverage, averaging 2 to 3 months
- Children turning one or 18 were most likely to have had coverage gaps



Age-related Eligibility Redetermination

Figure 3. Children in HUSKY A or B in January Who Had Gaps or Lost HUSKY Coverage During the Year



Source: Connecticut Voices for Children analysis of enrollment data from the Connecticut Department of Social Services.

Loss of Coverage Following Birthdays

BABIES

- **23% of babies in newborn coverage group were not enrolled in month after 1st birthday**
- **Less than 2% of babies in other Medicaid groups lost coverage**

ADOLESCENTS

- **Over 9% of teens in family coverage group were not enrolled in the month after 18th birthday**
- **Less than 3% of adolescents in other Medicaid groups lost coverage**

For comparison: Just 1 percent of other children lost coverage after their 5th or 10th birthdays

Enrollment and Preventive Care

Figure 1: Well-Child Care Utilization by Months Enrolled

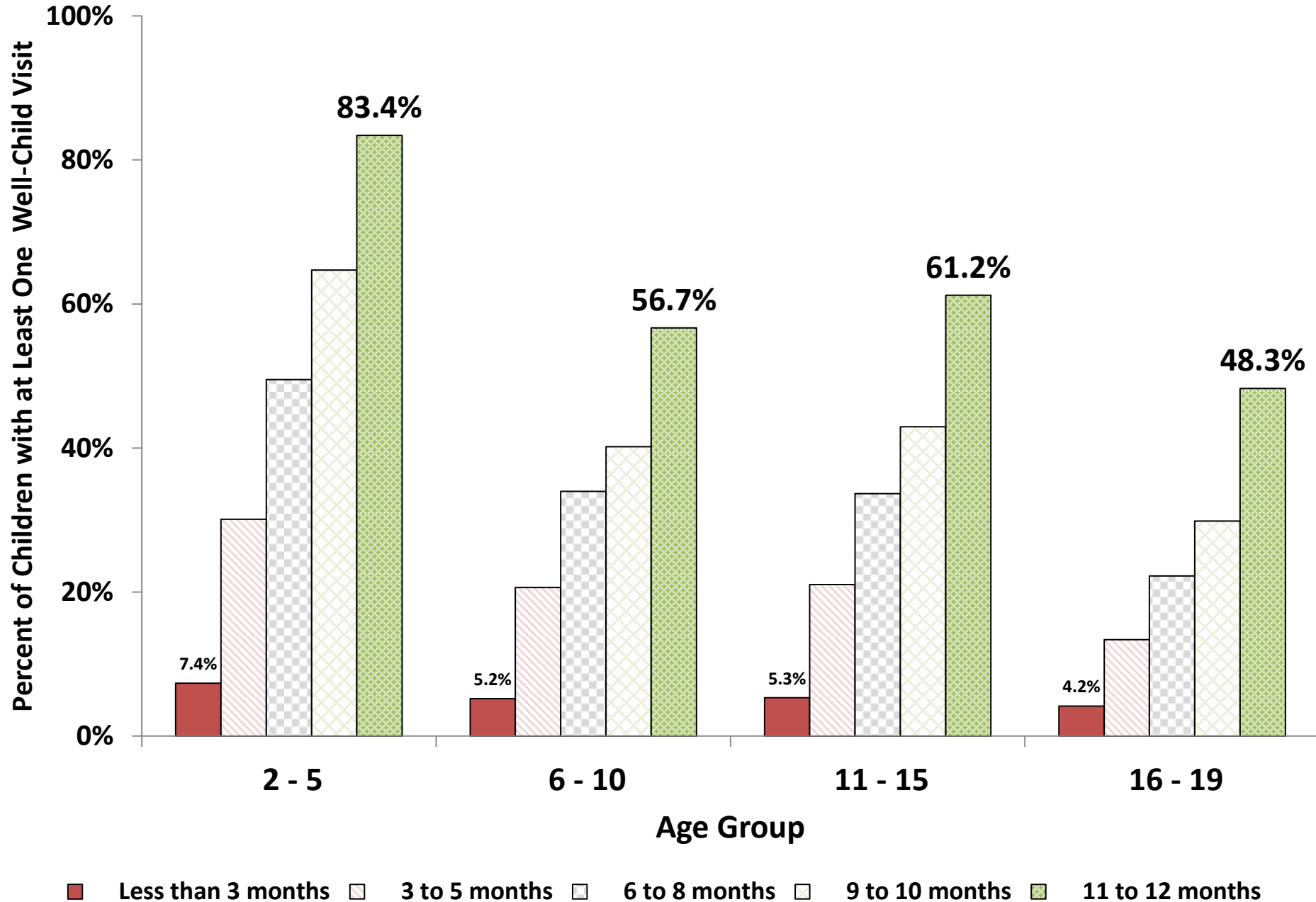
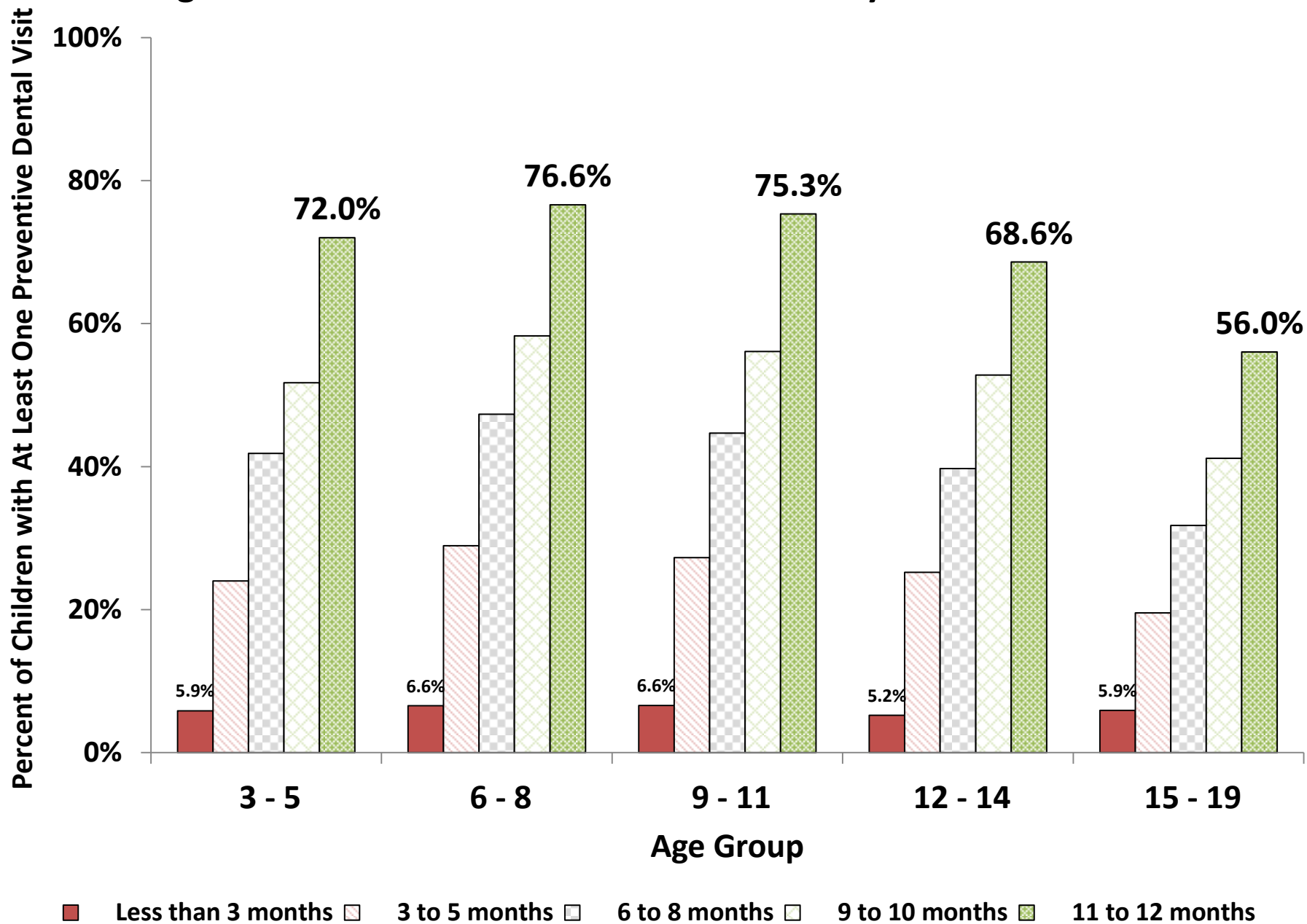


Figure 2: Children's Preventive Dental Care by Months Enrolled



Recommendations

- **Ensure ongoing coverage for children turning one and adolescents turning 18**
- **Restore continuous eligibility for HUSKY coverage**
- **Adopt passive renewal for HUSKY coverage**
- **Coordinate coverage between HUSKY A and B and Access Health CT**
- **Monitor coverage continuity**

Acknowledgements

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